

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015429

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2305

FILED MAY 14 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kansas City

Length of stay in lbs.

5 wks

c. CITY

OR TOWN Kansas City

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL Psychiatric Receiving Center

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

1216 Park

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Mary

Middle E.

Last Rogers

4. DATE OF DEATH

Month April 24, 1962

Day Year

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2-2-1902

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Larned, Kansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George Boley

13b. MOTHER'S MAIDEN NAME

(No Data) - Rigler

14. NAME OF HUSBAND OR WIFE

Bert C. Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Mr. Francis E. Rogers (Son) KC Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial ischemia

INTERVAL BETWEEN ONSET AND DEATH

5 min.

DUE TO (b)

Coronary Occlusion

5 min.

DUE TO (c)

Generalized Arteriosclerosis

Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic brain syndrome, Cerebral arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-16-62 to 4-24-62 and last saw her alive on 4-24-62
Death occurred on 11:50 A.M.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

M.D. 23th & McCoy., Kansas City

22c. DATE SIGNED

4-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

April 26-62

23c. NAME OF CEMETERY OR CREMATORY

Larned Cemetery

23d. LOCATION (City, town, or county)

Larned, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Simmons Funeral Home KCK

25. DATE RECD. BY LOCAL REG.

4-26-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

E. Frank Ellis

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max E. Meyer
Licensed Embalmer No. 4555

P. O. Address R. C. 113

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.